D&T Decisions
...from the District Drugs and Therapeutics Committee
Capital Health
Nova Scotia

Capital Health

Issue # 50: March, 2012

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The following policies were approved by the District Medical Advisory Committee (Jan12) on the recommendation of the District Drugs and Therapeutics Committee (Dec11).

I. Additions to Formulary

Ciclesonide, *Alvesco*®
Ciclesonide is an inhaled corticosteroid (ICS) that is indicated for the prophylactic management of asthma. Ciclesonide is converted from a prodrug to an active metabolite. Conversion to the active metabolite is minimal in the upper airways, resulting in less local oropharyngeal adverse effects (e.g. less oral candidiasis, pharyngitis, hoarseness) compared to other ICS. Other favorable pharmacokinetic properties include low oral bioavailability, rapid clearance, high affinity to glucocorticoid receptors, and high serum protein binding levels. These properties may result in limited systemic exposure and adverse effects.

Clinical trials suggest that ciclesonide has similar efficacy to other ICS when treating moderate to severe asthma.

Paliperidone Palmitate, *Invega Sustenna*®
Paliperidone palmitate is an ester prodrug of the active metabolite of risperidone. Paliperidone palmitate is indicated for the treatment of schizophrenia and is the first atypical antipsychotic available in a long acting injection for every four week administration. One double blind randomized controlled trial employing Health Canada approved doses found paliperidone palmitate to be non-inferior to risperidone long acting injection with similar reductions in the Positive and Negative Syndrome Scale.

Approved Restrictions: For the treatment of schizophrenia and schizoaffective disorders in patients who have a contraindication to long acting risperidone or another long acting antipsychotic injection, or have failed a trial of risperidone long acting or another long acting antipsychotic injection due to intolerance or lack of response.

II. Removal of Restrictions

Epoprostenol Sodium, *Flolan*®
Epoprostenol sodium, a metabolite of arachidonic acid, is a naturally occurring prostaglandin PGI_2. Epoprostenol has two major pharmacological actions: direct vasodilation of pulmonary and systemic arterial vascular beds, and inhibition of platelet aggregation. Epoprostenol is administered intravenously for the long term treatment of pulmonary hypertension; however, this route of administration does not exert selective vasodilation and can result in systemic hypotension, an increased risk of intrapulmonary shunt and venous admixture. To improve pulmonary selectivity, clinical trials have evaluated the administration of epoprostenol by inhalation. Potential uses for inhaled epoprostenol include the treatment of severe pulmonary hypertension causing right ventricular failure after cardiac surgery, supportive therapy to improve oxygenation and reduce pulmonary vascular resistance in patients with acute pulmonary hypertension, and the treatment of severe hypoxemia in acute respiratory distress syndrome.

At Capital Health epoprostenol has been restricted to use by the Pulmonary Arterial Hypertension Program, or for the determination of pulmonary vascular resistance in patients undergoing diagnostic cardiac catheterization for a heart transplant workup. In order to allow the use of epoprostenol for other clinical indications, the District Drugs and Therapeutics Committee has approved the removal of the current restrictions.

III. Expanded Guidelines

Fosaprepitant, *Emend IV*®
An expanded policy recommendation for the use of fosaprepitant as antiemetic therapy with highly emetogenic cancer chemotherapy (HEC) has been approved by the District Drugs and Therapeutics Committee.

Approved Restriction: In combination with a 5-HT_3 antagonist and dexamethasone in adult cancer patients treated with chemotherapy that includes cisplatin as a single day therapy greater than or equal to 70 mg/m^2 to prevent acute and delayed nausea and vomiting. Fosaprepitant is a single use intravenous option for patients unable to tolerate oral aprepitant. The criteria

for fosaprepitant is the same as aprepitant and in any one patient include:

1. An option considered at the onset of cisplatin based chemotherapy greater than or equal to 70 mg/m^2 and commence with the first cycle of HEC.
2. Only to be used with single day cisplatin based therapy greater than or equal to 70 mg/m^2 (and not multiple day therapy).
3. Not to be used in patients receiving moderately emetogenic cancer chemotherapy or radiotherapy.

IV. Pre-Printed Orders

The following new or revised pre-printed orders have been approved by the Medical Advisory Committee on the recommendation of the District Drugs and Therapeutics Committee.

PPO 0306 Rituximab Protocol for SLE (with Cyclophosphamide)
PPO 0310 Rituximab Protocol for RA
PPO 0401 Rituximab Protocol for SLE (without Cyclophsophamide)
PPO 0264 Nebulized Epoprostenol Initiation Orders
PPO 0299 Pre-Cardiac Catheterization/PCI/EP Orders
PPO 0302 Post-Cardiac Catheterization/PCI/EP Orders
PPO 0335 Major Burn Injuries (greater than 15% and intubated patients)
PPO 0392 Minor Burn Injuries
PPO 0274 Palliative Care for the Actively Dying Patient
PPO 0396 Cardiovascular Surgery Early Transfer
PPO 0332 Parental Lidocaine for Neuropathic Pain

V. IV Manual

New Monographs (Date of Addition):
Bortezomib (02-2011)
Cetuximab (02-2011)
Digoxin Immune Fab [DigiFab] (11-2011) Digoxin Immune
Rasburicase (09-2011)

Revised Monographs (Date of Revision):
Acetylcysteine (02-2012)
Amiodarone (06-2011)
Amiodarone Infusion Table (12-2011)
Darbepoetin Alfa (10-2011)
Dexrazoxane (03-2011)
DOCEtaxel (01-2011)
Flumazenil (10-2011)
Haloperidol (02-2011)
Imipenem/Cilastatin (09-2011)
Iron SUCROSE (07-2011)
Isoproterenol (08-2011)
Isoproterenol Infusion Table (08-2011)
Ketamine (02-2012)
Neostigmine (09-2011)
Octreotide (07-2011)
Phentolamine (09-2011)

Removed Monographs
DOPamine 3200 mcg/mL Infusion Table
Drotrecogin Alfa- removed from the market
Streptokinase- removed from the market
Theophylline - removed from the market

The information contained in this newsletter may also be accessed online:
http://cdhaintra/departmentservices/pharmacy/Formulary/index.cfm

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